Minnesota Board of Dentistry

September 2016

SPECIAL EDITION NEWS:

Addressing the Opioid Crisis

"Be not deceived with the first appearance of things, for show is not substance"

Who would think that something that comes from this beautiful flower could devastate an entire nation and become the leading cause of accidental death in the United States.

In light of September being declared as National Recovery Month, the Minnesota Board of Dentistry has provided this special edition newsletter for licensees to provide information and resources for dental professionals in the area of safe prescribing, prescriber education, reporting professional impairment and the Health Professional Services Program (HPSP).

Addiction Does Not Discriminate

Patients and providers alike of different socioeconomic, age, gender, and culture status; addiction to opioids can affect anyone. The first step is to remove the stigma associated with addiction. This can help connect more individuals, whether they be patients or professionals with impairments, to the help that they need. Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

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GET EDUCATED!

FREE ONLINE TRAININGS AVAILABLE REGARDING OPIOID USE AND RESPONSIBLE PRESCRIBIING

Providers' Clinical Support System for Opioid Therapies Webinar Trainings - Several dental opioid education modules available at no cost

Safe Opioid Prescribing for Acute Dental Pain - Training modules and post-test available at no cost

Pain, Opioids, and Addiction Lecture Series - No cost, can register for guest account. Joint effort of the MMA, U of MN and Steven Rummler Hope Foundation

DEA Controlled Substance Drop- Off Locations-SEARCH BY ZIP CODE

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Current Topic of Epidemic Proportions: Opioids

Opioids are a class of drugs that include the illicit drug heroin as well as the licit prescription pain relievers oxycodone, hydrocodone, codeine, morphine, fentanyl and others. Opioids are chemically related and interact with opioid receptors on nerve cells in the brain and nervous system to produce pleasurable effects and relieve pain. (ASAM Facts and Figures)

Prescription opioids can help with some types of pain in the short term but have serious risks. Patients taking prescription opioids are at risk for unintentional overdose or death and can become addicted. From 1999 to 2014, more than 165,000 persons died from overdose related to prescription opioids in the United States. Up to 1 out of 4 people receiving long-term opioid therapy in a primary care setting struggles with addiction. (CDC)

Call to Action for Dentists, Dental Therapists, Dental Assistants, Dental Hygienists!

- Participate in addressing the opioid epidemic in Minnesota.
- Develop safe prescribing practices and patient pain management strategies that focus on risks, benefits and promotion of patient health and safety.
- Get to know your patient's medical history; including illicit and licit substance use history, chronic pain issues, and current medications
- The Minnesota Board of Dentistry would like all dental professionals to seek out education, whether in person, or with the use of the various web education resources provided to GET IN THE KNOW about opioid use in pain management and safe prescribing practices.
- By July 2017, all prescribers with the ability to prescribe controlled substances will have to register and maintain an account with the Minnesota Prescription Monitoring Program. Sign up for an account today. Prescribers also have the capability to designate appropriate staff members access to assist in system queries on the provider's behalf. Visit Minnesota Prescription Monitoring Program for more information.
- Understand the Mandatory Reporting requirements for impaired professionals and the Health Professional Services Program (HPSP)

"Life is a series of lessons learned, only through a series of mistakes"
- Unknown

Each dental professional in Minnesota can have an impact on this ever growing epidemic.
Make positive changes today.

Bridgett Anderson, LDA, MBA
Executive Director

Steven Sperling, DDS
Board President

Who Needs the Health Professionals Services Program?

The first time I spoke to my HPSP case manager, she said, "Listen Mary, after the first 12 months this will be easier." By "this," she meant being in HPSP. I didn't believe her, and I told her so (and a few other things as well). But now after 12 months, I know I never would have survived as a sober person without the recovery structure of HPSP.

Mary's feelings when she first enrolled in the Health Professionals Services Program (HPSP) are not unusual. Fortunately, her feelings about HPSP a year later are also not unusual. The accountability of HPSP reinforces sobriety, especially those first critical months when the brain is learning new pathways away from compulsive thinking and behavior toward health and wellbeing. Even though Mary's addiction did not directly impact her dental practice, she learned from her treatment counselors that addiction is a chronic progressive illness when left untreated. She previously had a desire to be free of her addiction as evidenced by her three attempts at cutting down on her alcohol use and there were times when she was able to abstain from alcohol use for a couple of months. However, she learned that sincere intentions were not enough. Each time she returned to the bottle, her drinking increased. Why? It wasn't because Mary was morally weak or lacked willpower. Addiction specialists tell us that drugs and alcohol work on the brain's reward pathways and the addicted brain is a "high-jacked brain" - a vicious, impulsive cycle, with life and death consequences.

How HPSP Got Started

Legislation for HPSP was first proposed by five health licensing boards in 1993 with the support of their state professional associations. The boards determined they needed a more effective way to address practitioners with potentially impairing illnesses and reduce the possibility for patient harm. The program was created the following year to serve the boards of nursing, medical practice, dentistry, pharmacy, and podiatric medicine. The program was expanded in 2000 to cover all regulated health occupations. To date, HPSP has enrolled over 6,000 participants.

How Does HPSP Work?

Board action is often seen as punitive, therefore, licensed practitioners tend to hide the symptoms of their substance, psychiatric, or other medical condition that may cause impairment. Employers and co-workers are often reluctant to file a formal complaint when they suspect a colleague might be in trouble with an illness. HPSP offers an incentive for licensed practitioners to voluntarily get help without board involvement as long as they comply with monitoring requirements. Anyone who is worried about a health care provider's ability to practice safely, including work supervisors and colleagues, or treatment providers such as a therapist or counselor can send a confidential report to HPSP. The identified practitioner is given an opportunity to confidentially enroll in

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Promote and Protect Patient Health Safety

Review Patient Medical History- to include patient's psychiatric status and substance use history.

Clinicians should administer non-steroidal anti-inflammatory drugs (NSAIDs), as first-line analgesic therapy. Acetaminophen has been shown to be synergistic with NSAIDS with the efficacy of low dose opioids. Both can be used unless contraindicated.

Clinicians should consider the use of local anesthetic techniques, including local infiltration of dental local anesthetics and regional nerve blocks for pain management.

Consider lowest effective strength, dosing and duration of therapy needed if opioids will be prescribed.

Query the Minnesota Prescription Monitoring Program for patient medications history when considering prescribing an opioid.

Do not prescribe long acting or extended release opioid medications for acute or post-acute dental pain.

Coordinate pain therapy with other clinicians before the procedure whenever possible in patients who are receiving chronic opioids, who have a history of a substance use disorder, or who are at high risk for aberrant drug-related behavior.

Extreme caution should be exercised when responding to requests for opioid analgesics, especially from patients who are new to the practice or who have not been recently seen and evaluated.

Providers should provide patients with instructions on safe disposal of unused medications.

Clinicians should be aware of and understand current federal and state laws, regulatory guidelines, and policy statements that govern the prescribing of controlled substances.

Adapted from Pennsylvania Guidelines on the Use of Opioids in Dental Practice

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the program and get appropriate care. The participant's regulatory board will not be informed if they cooperate, meet program eligibility requirements. HPSP's reporting obligations are reviewed with the practitioner before identifying information is gathered.

What Are the Benefits of HPSP?

Multiple studies have shown that health professionals who participate in a monitoring program like HPSP have better therapeutic outcomes and can ultimately save their careers. Health employers are able to retain a safe and competent workforce and rural communities can keep their hometown pharmacy, ambulance service, dental providers and other medical clinics in business. Licensing boards are able to lower their legal costs by referring licensees to the program for voluntary monitoring. Board members and staff can use the expertise of HPSP to process complaints about drugs, alcohol, mental health, and other conditions.

How does Dentistry Compare to other Professions?

Decades of research consistently show health professionals meet diagnostic criteria for substance and psychiatric disorders at the same rates as the general population. Dental practitioners are under-represented in HPSP compared to the other health professions in Minnesota. For example, this summer there were 78 physicians (3.42 per 1,000 licensed) enrolled in HPSP compared to 10 dentists (2.48 per 1,000 licensed). Most striking is that only 11% of dentists self-referred to HPSP compared to 58% of physicians. This disparity might be caused by feelings of personal shame along with the obligation to keep the practice open and meet payroll for the employees. Colleagues and family members often think they are protecting the dentist by not intervening, or perhaps fear possible loss of their livelihoods.

How to Get Help? How to Report?

If you are struggling with substances or mental health, we strongly encourage you to call us at 651-642-0487. We'll explain more about how HPSP can help. If you are concerned about a colleague, you may also call, and we will ask you to complete a third party referral form, which can be found on our website. All third party referrals are confidential and subject to immunity if made in good faith.

Getting Personal About Opioid Addiction

***I am a sister grieving the loss of a brother that is still alive*.**

I tell myself "there's still time" or "maybe next time" or "someday," but I know the statistics and the reality is, it's too late. My little brother and my best friend growing up is gone. He is here physically on earth, but HE is gone.

In 1999, at the age of 26, my brother graduated from the Pepperdine University School of Law and landed his dream job. Four months later he was diagnosed with testicular cancer. He was prescribed Percocet for pain and became physically dependent while taking them as prescribed. He has never recovered and his life is now that of a heroin addict, the last I heard living on the streets in Seattle.

Sadly, his story is a typical one.

Fact is, physical dependency to opioids occurs *on average* after taking it for only 9 days. If physical dependence occurs, in the beginning, when the patient tries to stop taking the medication, they will feel unpleasant withdrawal symptoms. Given that prescription narcotic addiction is an expensive habit, heroin (which is cheaper) becomes the next progression. The CDC describes this behavior pattern as "chasing the dragon."

Prince Rogers Nelson, whose story has a much higher profile, is similar. Millions, including me, have felt this loss. We wonder, how can this scenario continue to play out?

As an Oral and Maxillofacial Surgeon, I have been well aware of the opioid epidemic for years. I am embarrassed to admit that it was not until the "loss" of my brother and

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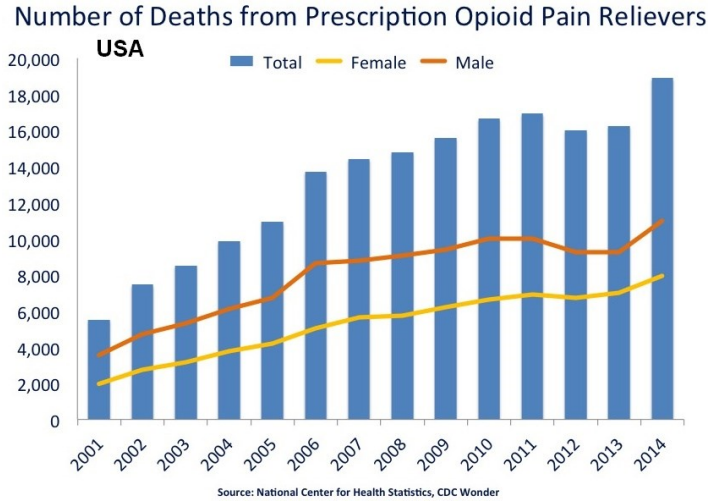
finally Prince that made me spring into action for change. Every day in the United States, 60 people die from an opioid overdose, 44 from prescriptions, and 16 from heroin. We account for approximately 5% of the world's population but account for 80% of the world's oxycodone consumption and 99% of Hydrocodone consumption.

As dentists we are responsible for managing odontogenic pain, infection and post-operative/surgery pain. Overall we prescribe 8-12% (6.4 million prescriptions) of opioid analgesics in the US. We also are the number two prescribers behind primary care MD's to patients under the age of 30 and we are the number one prescribers for under the age of 19.

In 2015, the Journal of Pediatrics reported "Legitimate opioid use before high school graduation is independently associated with a 33% increase in the risk of future misuse after high school."

"… we now have the difficult task of balancing pain relief with the need to prevent adverse outcomes for our patients, family and community."

I admit, in the past, I (and others in my profession) prescribed out of arrogance and ignorance: arrogant in that we prescribed as we were taught and according to what was supported in the literature and what was taught to us in dental school and residency; ignorant as to the



powerful addiction potential prescription opioids possessed. We were actually told differently.

I am in no means advocating there is not a role for opioid medications. Certainly prescription opioids are needed to humanely treat patients with pain. But we now have the difficult task of balancing pain relief with the need to prevent adverse outcomes for our patients, family and community.

My plea, as a prescribing dentist and as a sister, daughter, wife, mother and fellow human being, is for all of us to educate ourselves about opioids, weigh the benefits with the risks, and change prescribing patterns.

P. Angela Rake, DDS
Diplomate American Board of Oral and Maxillofacial Surgeons

Resources

Resources for Non- Opioid Pain Management

- NSC Efficacy of Pain Medication
- NSC NSAID's are stronger pain medications than opioids

Resources available from Professional Associations

- AAOMS July 2016 News
- Minnesota Dental Association Protocol for Assessment & Treatment of Oral/Facial Pain

Resources for Treatment and Recovery Services

- National Recovery Month- Treatment & Recovery Resources
- Minnesota Recovery Connection
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Health Professional Services Program
- Dentists Concerned for Dentists (DCD)

State/Federal Resources for Dental Healthcare Providers

- Turn the Tide Pocket Guide on CDC Guidelines Prescribing Opioids for Chronic Pain
- MN Opioid Prescribing Workgroup
- Pennsylvania Guidelines on the Use of Opioids in Dental Practice
- The National Institute of Drug Abuse
- The National Institute of Mental Health

National Recovery Month
Prevention Works · Treatment is Effective · People Recover
SEPTEMBER 2016